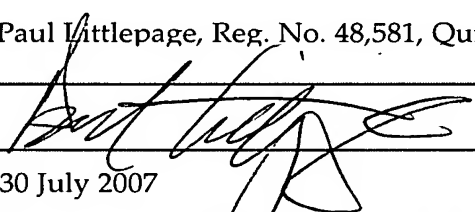
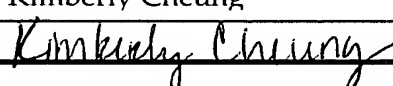


| | | |
|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/579,125 |
| | Filing Date | 12 May 2006 |
| | First Named Inventor | David James |
| | Group Art Unit | Not yet assigned |
| | Examiner Name | Not yet assigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 42-000500US |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Copy of Notification of Missing Requirements | <input type="checkbox"/> Copy of Executed Assignment <input checked="" type="checkbox"/> Executed Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Substitute Specification <input type="checkbox"/> Executed Power of Attorney and 3.73b Certificate <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed. | | |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group P.C. |
| Signature |  |
| Date | 30 July 2007 |

| CERTIFICATE OF MAILING | | | |
|---|---|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted with the United States Postal Service to the USPTO via Express Mail No. EV 921409838US addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | |
| Typed or printed name | Kimberly Cheung | | |
| Signature |  | Date | 30 July 2007 |

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**795.00**

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/579,125 |
| Filing Date | 12 May 2006 |
| First Named Inventor | David James |
| Examiner Name | Not yet assigned |
| Art Unit | Not yet assigned |
| Attorney Docket No. | 42-000500US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|
| - 20 or HP = | x | = | |
| HP = highest number of total claims paid for, if greater than 20. | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | x | = | |
| HP = highest number of independent claims paid for, if greater than 3. | | | |

| Multiple Dependent Claims | |
|---------------------------|---------------|
| Fee (\$) | Fee Paid (\$) |
| | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee Paid (\$) |
|--------------|--------------|--|---------------|
| - 100 | /50 = | Round up to a whole number) x | = |

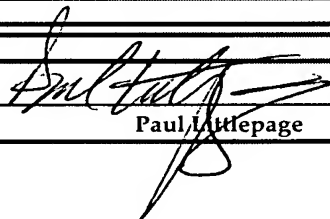
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

| | Fees Paid (\$) |
|---|----------------|
| Other (e.g., late filing surcharge): | |
| Other : <u>Petition for 4-month Extension of Time</u> | 795.00 |
| Other : | |
| Other : | |
| Other : | |
| Other : | |
| Other : | |

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

48,581

Telephone

(510) 337-7871

Name (Print/Type)

Paul Littlepage

Date

30 July 2007